

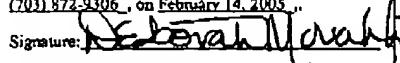
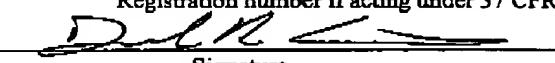
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740819-574											
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is being facsimile transmitted to Mail Stop <u>AMENDMENT</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 at the USPTO at (703) 872-3306, on February 14, 2005.	In re Application of Hiroshi OHMURA et al. Application Number 09/892,703 Filed June 28, 2001 For INFORMATION SERVICE SYSTEM, SERVER AND IN-VEHICLE UNIT FOR USE IN INFORMATION SERVICE SYSTEM, AND RECORD MEDIUM ON WHICH PROGRAM READABLE BY IN-VEHICLE UNIT OR COMPUTER IS RECORDED												
Signature:  Name: Deborah Moynahnsen	Group Art Unit 2143	Examiner David Armand Wiley											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ 120.00</td></tr> <tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$</td></tr> <tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$</td></tr> <tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$</td></tr> <tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$</td></tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ 120.00												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>													
		February 14, 2005	Date										
Donald R. Studebaker, Reg. No. 32,815 Typed or printed name		(202) 585-8000 Telephone Number											
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>													

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